

Case Number:	CM15-0179559		
Date Assigned:	09/21/2015	Date of Injury:	01/22/2014
Decision Date:	10/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old male who sustained an industrial injury on January 22, 2014. Diagnoses have included intervertebral disc disorder with myelopathy in the lumbar region, and status post right knee surgery, August 19, 2014. Documented treatment includes physical therapy for the right knee, lumbar epidural steroid injection, chiropractic treatment, and medication including Ibuprofen 800 mg, compound analgesic creams, and Norco for breakthrough pain. He was using Mobic which gave him stomach and intestinal side effects so this was discontinued in June, 2015. There is no current documentation provided discussing symptoms related to use of Omeprazole. The injured worker continues to be treated with pain medication and the treating physician's plan of care includes Omeprazole 20 mg. which was denied on August 17, 2015. He has remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with pain to his back, which radiates down to his legs and right knee pain. The request is for Omeprazole 20MG #60. The request for authorization is not provided. The patient is status post right knee surgery, 08/19/14. He continues to report improvement in his knee pain after the surgery. Physical examination reveals tenderness over the lumbar paraspinal muscles and midline, decreased sensation to light touch on right L3, L4, L5 and S1 direction. SLR test is positive on the right side. Axial loading is positive. Spasm is present with range of motion. The patient has undergone a lumbar steroid injection on 03/13/15, and reports no improvement in his pain. Patient's medications include Motrin, Omeprazole, and Compound Cream. Per progress report dated 07/21/15, the patient is to remain off-work. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Omeprazole. In this case, the patient is prescribed Motrin, an NSAIDs. However, treater does not document GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater does not discuss what gastric complaints there are, and why he needs to take Omeprazole. Therefore, given the lack of documentation, the request is not medically necessary.